Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                   |   |                      |                  |        | SMALL ENTITY        |                        |         | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|---|---|-------------------|---|----------------------|------------------|--------|---------------------|------------------------|---------|-------------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 62                |   |                      |                  |        | RATE                | FEE                    |         | RATE                          | FEE                    |
| FC  | PR  |   | NUMBER FILED      |   | NUMBER EXTRA         |                  |        | BASIC FEE           | 355.00                 | OR      | BASIC FEE                     | 710.00                 |
| TC  | TAL CHARGEA   | BLE CLAIMS                                      | 62 minus 20=      |   | *                    |                  |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
| INC   | EPENDENT CL   | AIMS  | 7 mil             | nus 3 =                                 | *                    |                  |        | X40=                |                        | OR      | X80=                          |                        |
| ML  | ILTIPLE DEPEN   | DENT CLAIM P                                    | RESENT            |   |                      |                  |        | +135=               |                        | OR      | +270=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in colu                  |   |   |                   |   |                      | column 2         | Į      | TOTAL               |                        | OR      | TOTAL                         |                        |
| CLAIMS AS AMENDED - PART II   |   |   |                   |   |                      |                  |        | [                   |                        | J 0     | OTHER                         | THAN                   |
| (Column 1) (Column 2)  CLAIMS HIGHEST   |   |   |                   |   |                      | (Column 3)       | a -    | SMALL               | YTITM                  | OR      | SMALL                         | ENTITY                 |
| AMENDMENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                   | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>OUSLY         | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NON   | Total   | *   | Minus             | **                                      | - · · -              | =                | ,      | X\$ 9=              |                        | OR      | X\$18=                        |                        |
| AME   | Independent   | *   | Minus             | ***                                     |                      | <u> </u> =       |        | X40=                |                        | OR      | X80=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |                      |                  |        | +135=               |                        | OR      | +270=                         |                        |
|   |   |   |                   |   |                      |                  |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE           |                        |
|   |   | ĺ   |                   |   | ,                    | ADDIT: TEEL      |        |                     |                        |         |                               |                        |
| AMENDMENT B   |   | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                   | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total   | *   | Minus             | **                                      |                      | =                |        | X\$ 9=              |                        | OR      | X\$18=                        |                        |
| AME   | Independent   | *   | Minus             | ***                                     | CL AIA               | =                |        | X40=                |                        | OR      | X80=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                   |   |                      |                  |        | +135=               |                        | OR      | +270=                         |                        |
|   |   |   |                   |   |                      |                  |        | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT, FEE           |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                   |   |                      |                  |        |                     |                        |         |                               |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                   | HIGH<br>NUM<br>PREVIO<br>PAID           | BER                  | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NDIN  | Total   | *   | Minus             | **                                      |                      | =                |        | X\$ 9=              |                        | OR      | X\$18=                        | Ţ.                     |
| IME   | Independent   | *   | Minus             | **                                      |                      | =                |        | X40=                |                        | OR      | X80=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                   |   |                      |                  | ╛╟     |                     |                        | OH      |                               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                   |   |                      |                  |        |                     |                        | OR      | +270=                         |                        |
| **  | ** If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                   |   |                      |                  |        |                     |                        |         |                               |                        |
|   | The "Highest Num  | mber Previously Pa<br>iber Previously Pa        | id For" (Total or | Independ                                | ent) is the          | e highest numbe  | er fou | nd in the app       | ropriate bo            | k in co | lumn 1.                       |                        |